

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF <u>DONALD L MASHIER JR</u>	COURT CASE NUMBER <u>1:05-CV-180E</u>
DEFENDANT <u>U.S. Federal Bureau of Prisons</u>	TYPE OF PROCESS

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
 UNITED STATES FEDERAL BUREAU OF PRISONS
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
F.C.I. McKean PO Box 5000 Bradford PA 16701

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <u>Donald L Mashier Jr 10924-052</u> <u>USP Lewisburg</u> <u>PO Box 1000</u> <u>Lewisburg PA 17837</u>	Number of process to be served with this Form 285 <u>1</u>
	Number of parties to be served in this case <u>5</u>
	Check for service on U.S.A. <input checked="" type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Signature of Attorney other Originator requesting service on behalf of: <u>Donald L Mashier Jr</u>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE <u>2/13/06</u>
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No.	No.		

I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc., shown at the address inscribed below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not known, show):

Address of home etc. only different than shown above:

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Date: 5/9/06 Time: ☐ am ☐ pm

Signature of U.S. Marshal or Deputy
Shirley Blasing

Number of copies of process including originals	Total Charges	Amount Due	Amount Received by U.S. Marshal or Agent (Amount of Refund?)
<u>8</u>	<u>800</u>		<u>\$4000</u>

DATE: 5-9-06 Cnt 98428021 8885

PRINT NAMES

U.S. Marshal or Deputy
 U.S. Marshal or Deputy
 U.S. Marshal or Deputy
 U.S. Marshal or Deputy
 U.S. Marshal or Deputy

Article Number



7160 3901 9842 8021 8885

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

1. Article Addressed to:

**U.S. FEDERAL BUREAU OF PRISONS
PCT MCKEAN
P.O. BOX 5000
BRADFORD, PA. 16701**

5-1802.0/3/C.5/9/06,SRB

PS Form 3811, January 2003

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

D. Is delivery address different from item 1? If YES, enter delivery address below:

Agent
Yes
No

PITTSBURGH PA:

**RECEIVED
U.S. MARSHAL**

91 MAY 9002

Domestic Return Receipt